

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ IFSP Date: \_\_\_\_\_  
ID#: \_\_\_\_\_ Service Coordinator: \_\_\_\_\_

## Form E: Your Child's Assessment Information

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*A developmental assessment is completed with your child and/or ongoing assessment information is gathered. This information helps us understand your child's developmental strengths, as well as some of the things that are challenging for your child and may be affecting how he/she is able to participate in family and community activities.*

Date of Assessment: \_\_\_\_\_ Chronological Age: \_\_\_\_\_ Language Used: \_\_\_\_\_

Method(s) of Assessment: ☐ Test Instrument(s) Administered: \_\_\_\_\_

☐ Parent Report/Interview Tool: \_\_\_\_\_ ☐ Professional Observation ☐ Collateral Information/Source: \_\_\_\_\_

### Summary of Present Status: Abilities, Strengths, and Needs

<b>Using Hands and Body</b> (Gross/Fine Motor Skills)	
Things we like and things we do well:	Things that we need help with:
<b>Eating, Dressing, and Toileting</b> (Self-Help/Adaptive Skills)	
Things we like and things we do well:	Things that we need help with:
<b>Expressing and Responding to Feelings and Interacting with Others</b> (Social/Emotional)	
Things we like and things we do well:	Things that we need help with:
<b>Playing, Thinking, Exploring</b> (Academic/Cognitive including pre-literacy skills)	
Things we like and things we do well:	Things that we need help with:
<b>Understanding and Communicating</b> (Receptive and Expressive Communication)	
Things we like and things we do well:	Things that we need help with:

Vision and Hearing Status:

\_\_\_\_\_  
\_\_\_\_\_

Observations/Comments: \_\_\_\_\_

\_\_\_\_\_

Assessor: \_\_\_\_\_ Discipline: \_\_\_\_\_ Signature: \_\_\_\_\_

Assessor: \_\_\_\_\_ Discipline: \_\_\_\_\_ Signature: \_\_\_\_\_

Assessor: \_\_\_\_\_ Discipline: \_\_\_\_\_ Signature: \_\_\_\_\_